

COVER SHEET FOR AMENDMENT OF POST-TRAVEL SUBMISSION

Date/Time Stamp
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Instructions: Use this form as a cover sheet for any paperwork you may need to submit to the Office of Public Records in order to make your Privately Sponsored Post-Travel Submission complete in accordance with Rule 35. **Only complete this form if you need to submit an amendment to a post-travel filing you have already submitted.**

SUBMIT DIRECTLY TO THE OFFICE OF PUBLIC RECORDS IN 232 HART BUILDING

Name of Traveler: Stuart Portman

Employing Office/Committee: US Senate Committee on Finance

Travel Expenses Paid by (List all sources): HIMSS

Travel Date(s): March 5-8

Description/Title of Attached Forms: Revised RE-1 (Employee Pre-Travel Auth)

Purpose of Amendment (describe the reason for amending original submission):

Submitted an incorrect version of RE-1 with post-travel submission
to OPR. Resubmitting the correct RE-1 at the request of
Senate Ethics.

7/20/2018
(Date)

[Signature]
(Signature of Traveler)

EMPLOYEE PRE-TRAVEL AUTHORIZATION

Date/Time Stamp:
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Pre-Travel Filing Instructions: Complete and submit this form at least 30 days prior to the travel departure date to the Select Committee on Ethics in SH-220. Incomplete and late travel submissions will not be considered or approved. This form must be typed and is available as a fillable PDF on the Committee's website at ethics.senate.gov. Retain a copy of your entire pre-travel submission for your required post-travel disclosure.

Name of Traveler: Stuart Portman

Employing Office/Committee: U.S. Senate Committee on Finance

Private Sponsor(s) (list all): Healthcare Information and Management Systems Society (HIMSS)

Travel date(s): March 5-8

Note: If you plan to extend the trip for any reason you must notify the Committee.

Destination(s): Las Vegas, NV

Explain how this trip is specifically connected to the traveler's official or representational duties:

The annual HIMSS conference focuses on data collection and healthcare applications of data from federal and private health sources. As the Medicaid policy lead for the Senate Finance Committee majority, this conference provides a valuable opportunity to learn from operational experts on the ground, as well as speaking opportunities for me to share the work of the Committee. In this way, I can learn how health informatoin technology vendors and healthcare delivery systems use Medicaid data to inform their decisions.

Name of accompanying family member (if any): N/A

Relationship to Employee: ☐ Spouse ☐ Child

I certify that the information contained in this form is true, complete and correct to the best of my knowledge:

1/29/18
(Date)


(Signature of Employee)

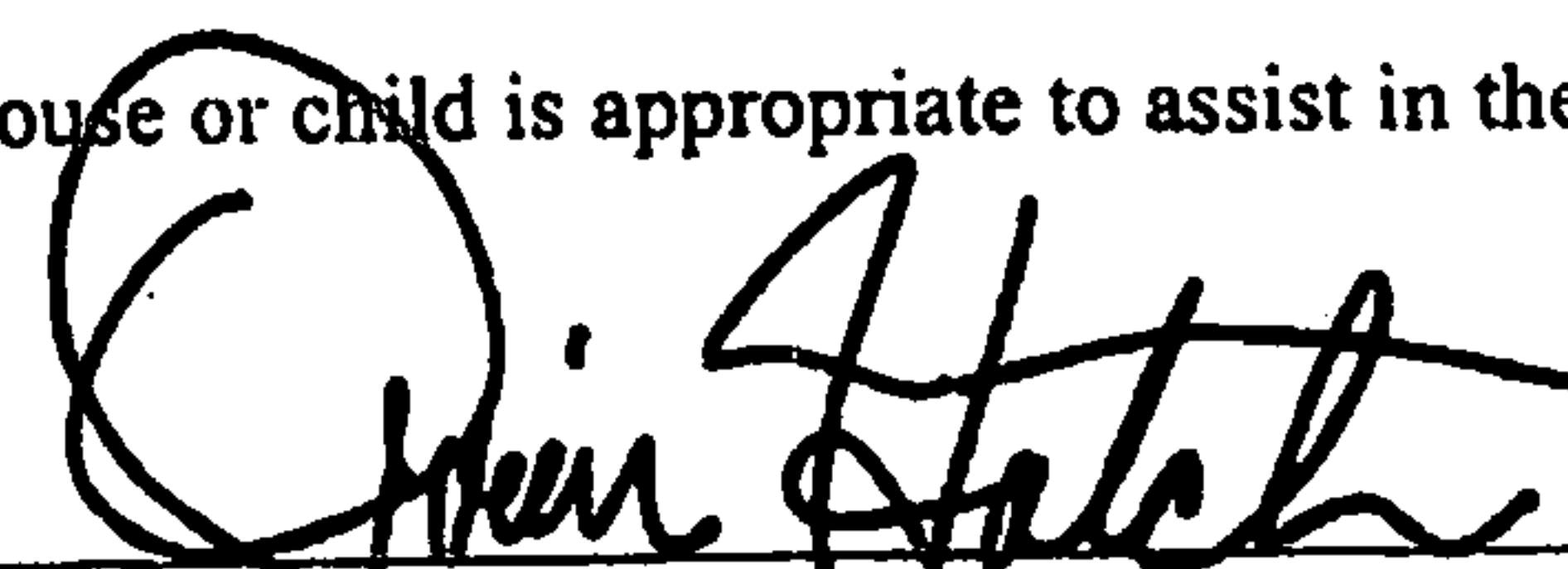
TO BE COMPLETED BY SUPERVISING SENATOR/OFFICER (President of the Senate, Secretary of the Senate, Sergeant at Arms, Secretary for the Majority, Secretary for the Minority, and Chaplain):

I, Orrin G. Hatch hereby authorize Stuart Portman
(Print Senator's/Officer's Name) (Print Traveler's Name)

an employee under my direct supervision, to accept payment or reimbursement for necessary transportation, lodging, and related expenses for travel to the event described above. I have determined that this travel is in connection with his or her duties as a Senate employee or an officeholder, and will not create the appearance that he or she is using public office for private gain.

I have also determined that the attendance of the employee's spouse or child is appropriate to assist in the representation of the Senate. (signify "yes" by checking box) ☐

1/29/18
(Date)


(Signature of Supervising Senator/Officer)